DOCUMENT RESUME

ED 271 435 SP 027 740

AUTHOR Moore, Jerry R.; And Others
TITLE Clinical Instructors: An Expanded Role for Teachers in Teacher Education.
PUB DATE Feb 86
NOTE 9p.; Paper presented at the Annual Meeting of the Association of Teacher Educators (Atlanta, GA, February 22-26, 1986).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS College School Cooperation; *Cooperating Teachers; Elementary Secondary Education; Higher Education; *Inservice Teacher Education; Preservice Teacher Education; Program Development; Public Education; *Student Teaching; *Supervisory Training
IDENTIFIERS *University of Virginia

ABSTRACT

The Curry School of Education at the University of Virginia conducted a pilot project to establish and investigate the effectiveness of a Clinical Instructor Program. This program had the major goals of (1) improving the way clinical instructors (formerly cooperating teachers) were selected, trained, and rewarded, and (2) enhancing collaboration between participating public school divisions and the school of education. The program's application process requires information on professional preparation and experience, reasons for wanting to be a clinical instructor, supervisory experience, descriptions of effective instructional units or materials, evaluation by the building principal, and evaluation by the central office. Once chosen, clinical teachers participate in both a summer training program on clinical supervision and in four inservice training sessions during the school year, and work with the student teacher assigned by the Office of Education. Clinical instructors are rewarded with university faculty privileges and are paid stipends for the training progam ($200) and supervision ($500). (CB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED271435

Clinical Instructors: An Expanded Role for Teachers in Teacher Education

Presented at: The Association for Teacher Educators
Atlanta, Georgia (February 22-24, 1986)

By: Jerry R. Moore, Director
Office of Teacher Education

Ronald E. Comfort, Chair
Department of Curriculum, Instruction and Special Education

Mary P. Reese, Associate Superintendent
Charlottesville City Schools

SP 027 740

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

J. R. Moore

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

CLINICAL INSTRUCTOR PROGRAM

Introduction

Student teaching has often been called the capstone of the teacher education process. Even those who quarrel against the importance of student teaching (Berliner) do so on the grounds that the bonding of student teachers and their field supervisors produces a negative result. Clearly schools of education have starved the student teaching program at the expense of the more notable graduate programs and/or even more spectacular undergraduate programs.

Until recently, we were paying a classroom teacher $75.00 to supervise a fulltime student teacher for one semester. The teacher who chose to become professionally involved in our program might have done so for several reasons, some positive and some negative. Our university supervisors in the field were extensions of our graduate program. These young people, normally highly motivated, were as trained and as effective as the program faculty were wont to require.

James M. Cooper, Dean of the Curry School, arrived at the University of Virginia in the fall of 1984. Testifying before a subcommittee of the Virginia General Assembly, Cooper argued that student teaching was indeed the most resource starved aspect of teacher education. He made four important points:

[1] Student teachers tend to model the performances of their supervising teacher. If we are to improve teacher education he argued, we must improve the quality of the supervising teacher.

[2] Typically, schools of education assign student teachers to supervising teachers who are chosen at random by the host school division.

[3] Despite the important work that supervising teachers perform in the teacher education process, they are seldom provided with adequate financial or status rewards.

[4] Generally, there has been a limited communication with, let alone integration of outstanding practioners in the process of teacher preparing programs.

Cooper argued that the Commonwealth of Virginia should remediate these conditions immediately by:

- training supervising teachers to be clinical supervisors of adult entry professionals with the state providing resources for the training.

BEST COPY AVAILABLE

- remunerating clinical supervisors at a level that recognizes the importance of their contribution.
- naming supervising teachers as clinical instructors with faculty status and privileges at the sponsoring college or university.
- creating mechanisms for integrating selected practioners in the deliberation about and implementation of programs of teacher education.

The Clinical Instructor Program

With support from the General Assembly, the Curry School requested that the Virginia State Department of Public Instruction fund a pilot project to establish and investigate the effectiveness of a Clinical Instructor Program. Major goals of the program were to improve the way clinical instructors (formerly cooperating teachers) were selected, trained and rewarded and to enhance collaboration between participating public school divisions and the Curry School of Education.

A consistent finding of research on teacher education indicates that the student teaching experience is a vital component of a teacher education program. Because student teachers are afforded the opportunity to observe and practice effective teaching, the clinical instructor must be knowledgeable of effective teaching practices and effective supervision techniques. In addition to demonstrating an interest in the professional preparation of student teachers, the clinical instructor must also demonstrate scholarly knowledge in content along with philosophical understandings of public education.

Various responsibilities provide the classroom teacher with opportunities to develop their effectiveness as clinical instructors. To enhance the supportive network essential to growth, the effective clinical instructor observes and provides daily feedback on student teacher performances. (S)he also participates in regular summative evaluation conferences with the student teacher and university supervisor.

The university supervisor significantly influences the student teacher's perceptions of relevant academic and professional content. As a member of the Curry School faculty, the university supervisor is an integral component of the supervisory triad (university supervisor, clinical instructor and student teacher.) Responsibilities of the university supervisor include scheduling periodic observations and conferences with the student teacher, as well as conducting evaluation sessions with the student teacher and clinical instructor.

The clinical instructor's continued development in the areas of observing, conferencing and communicating strengthens the triad connections, thereby influencing a meaningful student teaching experience. The student teacher's most vital role model is the clinical instructor. Therefore, the clinical instructor must be an effective teacher. (S)he must develop skills

BEST COPY AVAILABLE

to analyze teaching behaviors to effectively supervise the student teacher. Thus, the clinical instructor plans in order to have a suitable environment that will facilitate the student teacher's efforts to try new techniques.

Selecting the Clinical Instructors

Charlottesville City Schools and the Albemarle County Schools are the primary school divisions collaborating with the Curry School in the preparation of entry professionals. The historic relationship between the three units has been generally positive, but the new Clinical Instructor Program brought new excitement to the relationship. A committee of twelve professionals (four from each institution) began working in the Fall of 1984 to provide guidelines for the selection and appointment of the new clinical instructors. The membership included central office personnel, building principals, classroom teachers, Curry administrators and faculty.

The committee decided that the application process should be open to every classroom teacher in each school division. In the meantime, the number of collaborating schools was increased to a tier of five county schools surrounding Charlottesville. The application form requested the following information:

- Personal data including professional preparation and experience.
- Explanation of why they wanted to be a Clinical Instructor.
- Experience as a supervisor of adults and/or student teachers.
- Description of their best instructional unit or materials.
- Evaluation by the building principal.
- Evaluation review by the central office.

The completed applications were grouped by certification area. Committees of faculty in each of those areas nominated a pre-established quota of clinical instructors.

The applicant pool of approximately 450 teachers was screened and approximately 125 clincial instructors were selected. The 125 clinical instructors were nominated by the dean and appointed by the Vice-President for Academic Affairs to faculty status. Under the terms of the appointment, the clinical instructors agreed to:

- participate in a summer training program on clinical supervision.
- participate in four in-service training sessions during the school year.
- work with the student teacher assigned by the Office of Teacher Education.

BEST COPY AVAILABLE

The Curry School assured the new clinical instructors that:

- they would have faculty privileges (library, participation, athletic facilities)
- they would be paid stipends for the training program ($200) and supervision ($500.)
- the Curry School faculty and staff would work with them on a collegial basis.

While we made some mistakes in the rush to appoint this new faculty, the process worked quite well. Immediately, clinical instructors began to feel that they had a new status. In fact, the new level of remuneration for field supervision, while significantly increased, was not as important as the faculty status. It became immediately imperative that we strengthen this renewal with an effective training program.

Clinical Instructor Training

During the week of August 12-16, 1985, clinical instructors met to develop an explicit awareness of the university-clinical instructor-student teacher triad. The Clinical Instructor Training provided opportunities for teachers to redefine and explicate the roles of clinical instructor, university supervisor and student teacher, develop skills in objective observation and assessment of professional behaviors, develop conferencing and counseling skills essential for improved professional communications and interpersonal relationships, and develop supportive networks to enhance communication and mutually shared professional goals.

The training sessions opened with role definitions and expectations for the clinical instructor, the university supervisor and the student teacher. Faculty, clinical instructors and graduate students serving as university supervisors presented their notions of how this triad of professionals should operate. Clinical instructors and faculty met in small groups to discuss and list their personal and professional concerns for the teacher education process in the Curry School. This process was continued each afternoon with the concerns compiled and distributed prior to the next day activities. Importantly, as the training sessions were completed, the concerns and tensions declined. It was important that everyone had an opportunity to express their emotions and experiences about practices of the past.

Dean Cooper presented the clinical instructors with the premise that "In order for teachers to know how to improve they need to know how to acquire descriptive information." Cooper's views of effective supervision led workshop participants into the "Observation and Analysis" segment. Cooper presented several supervisory assumptions related to the clinical instructor--student teacher consultation process. The student teacher must assume responsibility for instructional improvement. The clinical instructor facilitates the collection of relevant information but allows the student teacher to form judgments about her behavior; the student teacher has the power to decide to change.

BEST COPY AVAILABLE

Clinical instructors demonstrate leadership most effectively as participants in the process of professional growth; the clinical instructor and the student teacher grow as partners in understanding respective educational philosophies and their roles as practitioners. Specific techniques to help student teachers improve their instructional practices were suggested. Cooper focused on techniques to translate the student teacher's interest areas into observable behaviors and to provide the student teacher with feedback using objective descriptive observational data. Clinical instructors were provided with a variety of observation instruments which help the student teacher discover behavioral and verbal teaching patterns. Opportunities were provided for clinical instructors to develop an observation instrument, then use the instrument while observing a videotaped segment of a teacher struggling with group interaction in the classroom. When analyzing teaching behavior, clinical instructors must consider three crucial criteria:

[1] the knowledge of research findings that indicate the appropriateness or inappropriateness of certain behaviors revealed by data

[2] indication of congruency or discrepancy between the student teacher's intention and what occurred in the lesson

[3] indication of behavior patterns and likelihood that the pattern could impact student learning outcome.

In addition to consideration of these criteria, clinical instructors were advised to avoid a "shotgun" method of supervision—to focus instead on one or two behavior patterns with the student teacher.

Bob McNergney, Associate Professor, Curry School of Education presented the "Clinical Process for Teacher Development" as a preferential model for supervising student teachers. The clinical instructor and student teacher engage in a reciprocal interactive growth process using a pre-observation conference, observation-analysis, post-conference sequence. This process lowers the anxiety level of the student teacher, facilitating the student teacher's ability to discover behavior patterns and to change. A videotaped simulation of a pre-observation conference was presented for the purpose of giving the clinical instructors a chance to assess its effectiveness and ineffectiveness.

Model pre-conference questions were suggested and simulated. Clinical instructors developed an observation instrument after the pre-conference simulation and collected data from videotaped teaching lessons. The clinical instructors formed triads and practices pre-conference techniques by alternately assuming the role of clinical instructor, university supervisor and student teacher.

An effective clinical instructor must change the clinical characteristics of their relationship with the student teacher from one of inequality to a temporary inequality that ultimately gives way to an equality. The clinical instructors were given the Training Style Inventory (R. Brostrom) which they scored for themselves. Claudia Sowa, Curry School of Education, presented conceptual models of four supervisory relationships reflected by scores on the TSI. Movement between each developmental stage of equality on the continuum

BEST COPY AVAILABLE

results in a change of power and has the potential to cause conflict between student teacher and supervisor. Antecedents to minimize possible conflict between clinical instructor and student teacher were also discussed. Clinical instructors rehearsed conflict negotiation in the counseling-supervision process by working diads.

Toward the end of the training a panel of student teachers fielded questions from clinical instructors about student teaching and supervision. The student panel was made up of students who had completed student teaching and those who would be the first to work with the new clinical instructors.

Training sessions were concluded by a demonstration of an electronic bulletin board system for telecommunications, networking possibilities. It was a way of looking to the future--looking at potential ways to bring the Curry School and the clinical instructors into closer working relationships.

At the plenary session, the Director of Teacher Education appointed six committees:

- Inservice Task Force--This committee is determining the what and how of inservice activities for clinical instructors.
- Orientation Task Force--This committee was developed to suggest the most effective way to orient student teachers to the school and profession.
- Handbook Task Force--This committee is designing and writing a common handbook for student teaching.
- Assignments Task Force--This committee advises the Office of Teacher Education is to provide guidance on the procedures we go through in matching student teacher and clinical instructor.
- Advisory Committee on Student Teaching--They will serve as a standing committee to review the work of the other task forces.
- Advisory Committee on Teacher Education--They will advise the Director of Teacher Education on the development of the new five year program that is being initiated in the Curry School.

Administration and Delivery

The Office of Teacher Education is responsible for screening student teacher applicants and matching student teachers with prospective clinical instructors. The matching process is completed with advice from building principals, faculty advisors and central office staff. A preliminary list of assignments are shared with appropriate central office personnel in each school division. The central office in each school division notifies their building principals of the placements. The Office of Teacher Education notifies the clinical instructor and student teacher of the assignment.

BEST COPY AVAILABLE

We have just completed the first semester under the clinical instructor program. At the conclusion of that semester, the Office of Teacher Education conducted a three way evaluation of the professional triad (student teacher, clinical instructor and university supervisor) under the new program. Each member of the triad was able to evaluate the work of the other two members. The self-report information has been very helpful in identifying areas where we need to do inservice with the clinical instructors and the Curry School staff. Generally, the clinical instructor program has:

- produced closer communication and identification between the clinical instructors and the university faculty and staff.
- helped clarify professional roles in field supervision and, consequently, increased the feeling of power and involvement on the part of the clinical instructors.
- created greater professionalism on the part of student teachers. They want to be with a "clinical instructor" who is trained.
- stirred greater and more concentrated involvement in field supervision and activities.

A more thorough evaluation will be conducted at the end of this first academic year. At that time we will be appointing and reappointing our clinical instructor faculty--this time for a period of two years. We will increase our trained pool of clinical instructors (by approximately 40) and we will hold a short inservice and training experience for the continuing clinical instructors. We envision that the clinical instructors will assume larger responsibility for their training as the program grows.

Finally, some aecdotes that illustrate why we are pleased with the new program. The University of Virginia has committed to fund the program when and if state funding ceases--an important attitude for the Curry School. Stephen Plaskon, coordinator of student teaching in elementary education, has designed traveling workshops each week where a host elementary school presents a program for all student teachers, clinical instructors and university supervisors. The clinical instructors in that school present instruction models/materials that they use while their student teachers conduct a program about the school and their role in it. We are seeing similar sessions beginning to occur in the other areas as well. We are also finding that orientation sessions are more personal as well as professional. Positive bonding begins early among the university supervisor, the student teacher and the clinical instructor--they are team players.

BEST COPY AVAILABLE